Debtor 1	Catherine Har		
	First Name	Middle Name	Last Nam e
Debtor 2			
Spouse, if filing)	First Name	MiddleName	Last Nam e
Jnited States E	Bankruptcy Court fo	rthe: Western District	of Washington
Case number			

Check one box only	as directed in	this form and in
Form 22A-1Supp:		

- 1. There is no presumption of abuse.
- 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 22A-2).
- 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

Jiticiai Form ZZA—1

Chapter 7 Statement of Your Current Monthly Income

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 22 A-1Supp) with this form.

Part 1:	Calculate	Your	Current	Monthly	Income
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- 1. What is your marital and filing status? Check one only.
 - Not married. Fill out Column A, lines 2-11.
 - Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
 - ☐ Married and your spouse is NOT filing with you. You and your spouse are:
 - Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
 - Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$0.00	\$0.00	
Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$0.00	\$0.00	
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$0.00	\$ <u> </u>	
5. Net income from operating a business, profession, or farm			
Gross receipts (before all deductions) \$0.00			
Ordinary and necessary operating expenses — \$			
Net monthly income from a business, profession, or farm \$ \$ Copyhere →	\$0.00	\$ 0.00	
6. Net income from rental and other real property			
Gross receipts (before all deductions) \$0.00			
Ordinary and necessary operating expenses - \$0.00			
Net monthly income from rental or other real property \$0.00 Copy here →	\$0.00	\$ 0.00	
7. Interest, dividends, and royalties	\$0.00	\$0.00	

Official Form 22A-1 Chapter 7 Statement of Your Current Monthly Income Case 15-13193-MLB Doc 2 Filed 05/21/15 Ent. 05/21/15 15:18:14 Pg. 1 of 2

Catherine Hardwig

Case number (if known)_

		First Name	Middle Name	Last Name									
							Colum Debto			Column Debtor 2 non-filir			
8.	Unemp	oloyment com	pensation				\$ <u> 1</u>	,230.67		\$	0.00		
				that the amount r	eceived was a bene	fit							
		,				1							
	For	your spouse			\$0.00	<u>)</u>							
9.			nt income. Do no ial Security Act.	ot include any amo	unt received that wa	is a	\$	0.00		\$	0.00		
10	Do not as a vi	t include any be ctim of a war c	enefits received ui rime, a crime aga	nder the Social Se inst humanity, or i	fy the source and ar curity Act or paymer nternational or dome page and put the total	nts received estic							
	10a						\$			\$			
	10b						\$			\$			
	10c. T	otal amounts f	rom separate pag	ges, if any.			+\$	0.00	+	- \$	0.00		
11		•	,	income. Add line A to the total for C	s 2 through 10 for ea Column B.	ach	\$_1	,230.67	+	\$	0.00	= \$_1,230 Total current income	
Р	art 2:	Determine	Whether the N	/leans Test App	lies to You								::
12	. Calcula	ate your curre	nt monthly inco	me for the year. F	Follow these steps:								
	12a. (Copy your total	current monthly	income from line 1	1			Сор	y line	11 her	→ 12a.	\$ <u>1,230.6</u>	<u> </u>
	I	Multiply by 12 (the number of mo	onths in a year).								x 12	
	12b.	The result is yo	our annual income	e for this part of the	e form.						12b.	\$ <u>14,768.</u> 0)4
13	. Calcul	ate the media	n family income	that applies to y	ou. Follow these step	os:							
	Fill in t	he state in whi	ch you live.		Washington								
	Fill in t	he number of p	people in your hou	usehold.	1						г		
	Fill in t	he median fam	ily income for you	ur state and size of	household						13.	\$ <u>53,234.0</u>	00
					nline using the link s at the bankruptcy cle		e separ	ate					<u>-</u>
14		lo the lines co											
	14a. 🗹	Line 12b is le Go to Part 3	ess than or equal	to line 13. On the	top of page 1, check	box 1, There	e is no į	oresumpti	ion of	f abuse.			
	14b. 🖵		more than line 13. and fill out Form		e 1, check box 2, Th	e presumptio	on of ab	use is det	termii	ned by	Form 22A	-2.	
P	art 3:	Sign Belov	N										
		By signing he	re, I declare unde	er penalty of perjur	y that the information	n on this state	ement a	and in any	atta	chments	s is true ar	nd correct.	
		X /s/ Cath	erine Hardwig			×							
		Signatur e o	•			Signa	ature of D	Debtor 2					
		Date May MM /	21, 2015 DD / YYYY			Date	MM / E	DD /YYY	Υ				
		If you checke	d line 14a, do NO	T fill out or file For	m 22A-2.								
		If you checke	d line 14b, fill out	Form 22A-2 and	ile it with this form.								
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